

Application is hereby made by the undersigned to the Pittsylvania County Public Works to connect with its water and/or sewer lines. The PCPW is an equal opportunity provider.

OWNER: \_\_\_\_\_ PH.: \_\_\_\_\_  
 LOCATION: \_\_\_\_\_ MOBILE PH.: \_\_\_\_\_  
 STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Fill in if bill to be sent to different address or person

NAME: \_\_\_\_\_  
 STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

METER SIZE \_\_\_\_\_  WATER  SEWER SSN, VA Drivers License#, or Fed ID#: \_\_\_\_\_  
 CHECK APPROPRIATE BOX BELOW

- |  |  |
|--|--|
| <input type="checkbox"/> Residential                         | <input type="checkbox"/> School # Students _____ |
| <input type="checkbox"/> Apartments # units _____            | <input type="checkbox"/> Industrial RE: _____    |
| <input type="checkbox"/> Trailer Park # spaces _____         | <input type="checkbox"/> Commercial RE: _____    |
| <input type="checkbox"/> Other Residential Equivalents _____ | <input type="checkbox"/> Church _____            |

**In applying for, receiving and using this contract for water and/or sewer installation or connection, the parties to whom this contract is issued hereby agree that any water and or sewer installation or connection shall be made pursuant to any and all rules and regulations of the Authority.**  
**By signing this contract the owner of the property is hereby notified pursuant to Sec. 15.2-5139 of the Code of Virginia 1950, as Amended, that if this property is leased that the Authority will place a lien on the real estate if the lessee or tenant, or owner fails to pay any fees, rents, or other charges when fees for services are rendered to the lessee / tenant.**

OWNER: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:  
 Contract processed by: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_  
 Fees paid in the amount of \$ \_\_\_\_\_

**FEES DUE**

Water connection fee		Line Extension Charge
Sewer connection fee		
Inspection	\$45.00	
Accounting	\$10.00	
Reconnection	\$40.00	
Advance		
Sub Total (A)		Sub Total (B)
<b>TOTAL DUE</b>	<b>(A + B)</b>	<b>\$</b>

EMAIL ADDRESS: \_\_\_\_\_ PAPER BILL: \_\_\_\_\_ E-BILL: \_\_\_\_\_